



BUSINESS LICENSE COMMISSION
COUNTY OF LOS ANGELES
374 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CA 90012
(213) 974-7691



May 20, 2011

Sang Suk Nam
Healing Spa
18838 Soledad Canyon Road
Santa Clarita, CA 91351

MEMBERS
STEVEN AFRIAT
PRESIDENT
RENÉE CAMPBELL
VICE-PRESIDENT
SARA VASQUEZ
SECRETARY
JAMES BARGER
COMMISSIONER
SHAN LEE
COMMISSIONER

HEARING ON APPLICATION FOR MASSAGE PARLOR-GENERAL/SC
BUSINESS LICENSE ID #137919

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, June 8, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Twila P. Kerr
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :.....NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....05/12/2011
2ND PUBLISHING DATE:.....05/19/2011
3RD PUBLISHING DATE:.....05/26/2011

REPRINTS ORDERED: NONE

NOTICE ON HEARING TO CONDUCT

MASSAGE PARLOR-GENERAL/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....18838 SOLEDAD CYN RD
SANTA CLARITA, CA 91351
NAME OF APPLICANT:.....HEALING SPA / SANG SUK NAM
HEALING SPA
DATE OF HEARING:.....06/08/2011
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD
RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

OFFICE OF THE COMMISSION
500 W. TEMPLE STREET RM. 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE:

OWNER OF BUSINESS: **SANG SUK NAM**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEALING SPA**

MAILING ADDRESS: **16344 MOUNTAIN LANE, CANYON COUNTRY, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	11/19/10	
<input checked="" type="checkbox"/> 4. Fire Department	YES	04/28/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	04/26/11	
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	12/09/10	
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	11/09/10	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	05/12/11	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	12/09/10	

Conditions:



Treasurer & Tax Collector
Massage Parlor - Application for Business License

Fee: \$ 2,146.00 8430 I.D. # 137919

Type of Business Massage Parlor

Address of Business 18838 SOLEDAD CANYON RD. SANTA CLARITA, 91351

Bus. Phone () _____ Fax Phone () _____ Home Phone (213) 505-0883

DBA (Bus. Name) Healing Spa

Applicant's Full Name NAM, SANG SUK

Mailing Address 16344 MOUNTAIN LANE, CANYON COUNTRY 91387

Home Address 16344 MOUNTAIN LANE. CANYON COUNTRY, CA. 91387

SS# _____ Date of Birth _____ Place of Birth _____

State Driver's Lic. / I.D. Card _____ Exp. Date _____

Male _____ Female ☒ Ht. 5'5 1/2" Wt. 140 Hair Color BLK Eye Color D. BRN

Business Ownership Structure - Single Owner ☒ Partnership _____ LLC _____ Corporation _____

Date of Incorporation _____ Incorporated in the State of _____

Exact Corporate Name _____

Name of Officers	Addresses	Title

Massage Parlors Only - Are Massage Technicians required to be certified by the State of California, when employed by this facility? Yes _____ No ☒

Does your facility have a valid certification as a Massage Practitioner with the State of California	Have you provided a copy of your Certificate and I.D. card	Certificate Number	Date of Expiration
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<u>7044</u>	<u>3-15-2012</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree; to submit any additional information that may be required; to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances and regulations.

Date Nov. 3, 2010 Applicant's Signature Sang S. Nam

Application Taken by: MG Date: 11-3-10

CALIFORNIA MASSAGE THERAPY COUNCIL

By authority of the State of California Code B&P Section 4600,
the California Massage Therapy Council hereby awards to

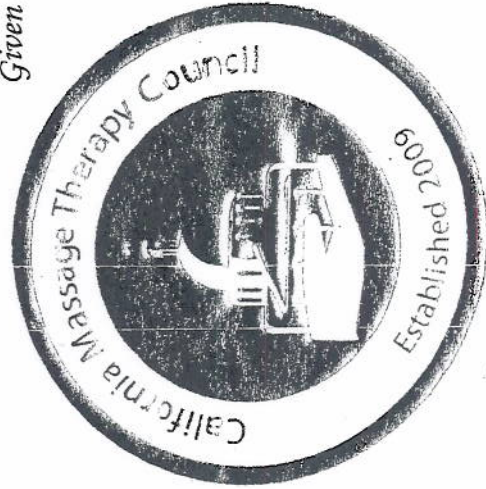
Sang Suk Nam

the designation of

Certified Massage Therapist

Let it be known by all that, having met the standards set forth by the California Massage Therapy Council and having demonstrated knowledge of applicable disciplines related to the practice of massage therapy, Sang Suk Nam is recognized as a CMT in good standing, including all the rights and privileges pertaining thereto, as witnessed by the signature below.

Given at Sacramento, California, Monday, March 15, 2010.



The validity and authenticity of this certificate may be verified online
by entering the name and certificate number at: www.camtc.org

Beverly May

Beverly May, Chairman of the Board
California Massage Therapy Council
CAMTC, One Capitol Mall, Suite 320, Sacramento, CA 95814

CERTIFICATE # 7044
EXPIRES: 3/15/2012

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

910-01553
Vero N10A

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE:

OWNER OF BUSINESS: **SANG SUK NAM**

CAL. DR. LIC.#:

5/23/67
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NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEALING SPA**

MAILING ADDRESS: **16344 MOUNTAIN LANE, CANYON COUNTRY, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WUP 536470

DATE: _____

12/6/10

BASIC LICENSE NO. **8430**

DATE **11/04/10**

IDENTIFICATION NUMBER **137919**

11/8

RS

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351**

TELEPHONE:

OWNER OF BUSINESS: **SANG SUK NAM**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **HEALING SPA**

MAILING ADDRESS: **16344 MOUNTAIN LANE, CANYON COUNTRY, CA 91387**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____



DATE: _____

11/8/10

BASIC LICENSE NO. **8430**

DATE **11/04/10**

IDENTIFICATION NUMBER **137919**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE:

OWNER OF BUSINESS: SANG SUK NAM

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALING SPA

MAILING ADDRESS: 16344 MOUNTAIN LANE, CANYON COUNTRY, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 11/9/10

BASIC LICENSE NO. 8430

DATE 11/04/10

IDENTIFICATION NUMBER 137919

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: ~~HEALTH SPA/CLUB/SC~~ *massage Parlor-Gen.*

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE:

OWNER OF BUSINESS: SANG SUK NAM

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALING SPA

MAILING ADDRESS: 16344 MOUNTAIN LANE, CANYON COUNTRY, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: *[Signature]*

DATE: *4/7/11*

BASIC LICENSE NO. 8436

DATE 11/04/10

IDENTIFICATION NUMBER 137919

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 18838 SOLEDAD CYN RD, SANTA CLARITA, CA 91351

TELEPHONE:

OWNER OF BUSINESS: SANG SUK NAM

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: HEALING SPA

MAILING ADDRESS: 16344 MOUNTAIN LANE, CANYON COUNTRY, CA 91387

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT**LA COUNTY**

APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: Bob KelleyDATE: 4/28/11

BASIC LICENSE NO. 8430

DATE 11/04/10

IDENTIFICATION NUMBER 137919